

Please check the appropriate priority:	
<input type="checkbox"/> Standard	Please select the proper review type: <input type="checkbox"/> Pre-Service <input type="checkbox"/> Post-Service
<input type="checkbox"/> Expedited (<i>pre-service only; post-service requests do not qualify for expedited review</i>)	
I certify that waiting for a decision under the standard time frame could place the member's life, health, or ability to regain maximum function in serious jeopardy.	
Provider Signature Required: _____	

Member Information:			
First Name:	Last Name:	Date of Birth:	Member ID:

Provider Information: Please complete all sections in full.		
	Requesting Provider	Servicing Provider
Name:		
NPI:		
Address:		
Phone:		
Fax:		

Facility Information: Please enter the information for where services will be rendered.	
Name:	
NPI:	
Address:	
Phone:	
Fax:	

Services Requested: Please check the appropriate service		
<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Speech Therapy
<input type="checkbox"/> Home Health	<input type="checkbox"/> Durable Medical Equipment (DME)	<input type="checkbox"/> Cardiac Rehab
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Radiology	
Start Date:	End Date:	Number of Sessions/Visits:
Frequency (if applicable):		
Diagnosis Code(s):		
Diagnosis Code Description(s):		
CPT/HCPCS Code(s):		
CPT/HCPCS Code Description(s):		

This authorization does not guarantee payment of claim. All authorizations are subject to eligibility requirements and benefit plan limitations. **Services are not considered authorized until Alterwood Advantage issues an approval.** For a list of services that require PA or if you need to speak to a Utilization Management Representative, please call 667-262-9429 or toll free at 1-866-274-3265.